

##SUB_ID

##ADDRESS

##CITY, STATE ZIP

##SPECIALTY_QUALIFIER_IF_APPLICABLE

TRICARE EXPLANATION OF BENEFITS

This is a statement of the action taken on your TRICARE claim.

Keep this notice for your records.

Prime Contractor's Name
and/or Logo

Date of Notice: ##DATE_OF_NOTICE
Sponsor SSN: ##SPONSOR'S_SSN
Sponsor Name: ##SNF ##SNI ##SNL
Beneficiary Name: ##PNF ##PNI ##PNL

Check
sponsor's
SSN for
accuracy

##ADDRESSEE
##AD1
##AD2
##CITY STATE ZIP

For Standard/Extra

If the beneficiary submits a claim, a check for the TRICARE allowable charge minus the beneficiary's co-payment and deductible is sent to the beneficiary.

Benefits were payable to:

##PROVIDER
##AD1
##AD2
##CITY STATE ZIP

For Prime

If provider is a Prime provider or accepted assignment on the claim, the check for the TRICARE allowable charge minus the beneficiary co-payment is sent to the provider.

Claim Number: ##ICN

In either case, the beneficiary will receive an Explanation of Benefits explaining the processing of the submitted claim.

Services Provided By/ Date of Services	Services Provided	Amount Billed	TRICARE Approved	See Remarks
##PROVIDER				

Always a
code number

Amount provider
charged for services

TRICARE
allowable charge

Totals:

Claim Summary	Beneficiary Liability Summary	Benefit Period Summary
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Amount Billed:

TRICARE Approved:

Non-Covered:

Paid by Beneficiary:

Other Insurance:

Paid to Provider:

Paid to Beneficiary:

Check Number:

Deductible:

Copayment:

Cost Share:

Is determined
by which TRICARE
option is chosen

Fiscal Year Beginning:

##Month Day, Year

Fiscal Year
begins October 1

Individual

Family

Deductible:

Catastrophic Cap:

Enrollment Year Beginning:

##Month Day, Year

Individual

Family

POS Deductible:

Prime Cap:

Applies to Prime only
\$800 for one, \$600 Family
After deductible is met,
beneficiary cost share is
50% of TRICARE
allowable charge

Remarks

Read the back of this form for additional important information

##WATS

THIS IS NOT A BILL

If you have questions regarding this notice, please call or write us at the telephone number/address listed above.



IMPORTANT NOTICES Always give your sponsor's Social Security Number when writing about your claim. If inquiring about this claim, please provide the Claim Number located on the face of this form or include a photocopy of the form.

You can use this TRICARE Explanation of Benefits:

- As a deductible certificate to show your providers the amount of the outpatient deductible met as of the date of this notice.
- As a record of bills paid or denied. (If you submitted other medical expenses not shown on this form, you will receive a separate notice.)
- To collect other insurance. This notice may be used to claim benefits from a secondary insurance policy. Since the insurance company may keep this notice, it is advisable that you keep a record of this information; i.e., a photocopy of this notice.

Claims payments are subject to the provision that the beneficiary cost-share is collected by the provider, whenever appropriate. The provider's failure to collect the cost-share can be considered a false claim and/or may result in reduction of payment.

If you need more information:

- Check your TRICARE Standard or Prime Member Handbook.
- See the Health Benefits Advisor or Health Care Finder at the nearest Military Treatment Facility (MTF).
- Contact us at the inquiry address or toll-free telephone number listed on this form.

Please review the services shown on your Explanation of Benefits. If you find that the payment consideration has been made for any services that you did not receive or that services were charged by a health care professional you did not see, please call the TriWest Fraud Hotline toll-free at 1-888-584-9378.

YOUR RIGHT TO APPEAL If you disagree with the denial of a certain item on your claim or the denial of the entire claim due to medical necessity not documented, noncovered service or supply, noncovered diagnosis, etc., you have the right to request a reconsideration. Only the following individuals may file an appeal: the beneficiary (including minors), the parent or guardian representing a minor beneficiary, the participating provider of services, or a representative appointed by the proper appealing party. The appointment of a representative must be in writing and must be signed by the proper appealing party, or the representative must be court-appointed. Your signed written request must state the specific matter with which you disagree and **MUST** be mailed to the following address no later than ninety (90) days from the date of this notice. If the postmark on the envelope is not legible, then the date of receipt is deemed the date of filing. Include a copy of this notice. Upon receipt of your request, all TRICARE claims for the entire course of treatment will be reviewed.

GRIEVANCE PROCEDURES Grievances are separate from the appeals process. The grievance process will allow opportunity for aggrieved parties to seek and obtain an explanation for and/or correction of any perceived failures of providers, Health Care Finders or other personnel of the TRIWEST Healthcare Alliance or its partners to furnish the level or quality of care and service to which the party believes they are entitled. If you become dissatisfied with the quality of care/service received, timeliness, or availability of care, you may file a grievance. A grievance must be submitted in writing, and may be filed by any beneficiary or provider (or a representative). Your local TRICARE Service Center (TSC) or a Benefit Services Representative (BSR) will provide you with a grievance form upon request.

TIME LIMIT FOR FILING CLAIMS All claims submitted under TRICARE must be filed within one year from the date of service. For inpatient claims, the date of service is the date of discharge. If your claim was denied because it was not filed on time and you believe you were not at fault, call the toll-free inquiry telephone number listed on this form. In limited circumstances exceptions may be made.

IDENTIFICATION (ID) CARD OR ELIGIBILITY EXPIRED ON DEERS If the Defense Enrollment Eligibility Reporting System (DEERS) indicates that the patient's ID card or eligibility has expired, get a new ID card or extend eligibility as follows: if the sponsor is active duty, report at once to your parent service personnel office; if the sponsor is retired or deceased, contact any service personnel office. If the claim was denied, resubmit the claim with a photocopy of the new ID card. In an emergency, call 1-800-538-9552.

SPONSOR, PATIENT, OR FAMILY MEMBER NOT ENROLLED OR NOT ELIGIBLE ON DEERS If the Defense Enrollment Eligibility Reporting System (DEERS) indicates that the sponsor, patient and/or family member is not enrolled or eligible for TRICARE benefits, you should contact your Health Benefits Advisor or your service personnel office. Future claims will be denied if you are not enrolled in DEERS. If the claim was denied and the sponsor has recently gone on active duty, resubmit the claim with a copy of the duty orders and a photocopy of the patient's identification (ID) card (or parent's ID for family members under 10 years of age). If the sponsor is retired, resubmit the claim with the sponsor's retirement papers and a photocopy of the patient's ID card. If the sponsor is deceased, report to any service personnel office to get enrolled or call 1-800-538-9552.

TRICARE OUTPATIENT DEDUCTIBLE (This portion does not pertain to TRICARE Prime enrollees.) Effective for care provided on or after April 1, 1991, the fiscal year outpatient deductible for all non-active duty personnel and their family members and survivors and the family members of active duty E-5s and above, is \$150.00 for one beneficiary or a maximum of \$300.00 for two or more family members.

For family members of active duty E-4s and below, the outpatient deductible is \$50.00 per beneficiary or a maximum of \$100.00 for two or more family members.

Sponsors/beneficiaries are required to ensure that the proper pay-grade/rank is on the DEERS information system.

IF CLAIM PAYMENT IS NOT BASED ON THE FULL AMOUNT BILLED The amount TRICARE may allow is limited by law to the lowest of:

- The CHAMPUS Maximum Allowable Charge (equal to the Medicare fee schedule amount for most procedures); OR
- The amount the provider actually charges for the service or supply (to include a discounted charge that a participating provider has agreed to accept under a special program).

INQUIRIES Allowable charges are not appealable issues. Inquiries concerning allowable charges, deductibles, DEERS, denial for requested information not received, etc., should be directed to the following:

CALL (Toll-Free)

OR WRITE:

Automated claim status information is available 24 hours a day, seven days a week. Claims Associates are available Monday through Friday, 9:00 AM EST to 9:00 PM EST.